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FACSIMILE TRANSMISSION

November 22, 2004

TO : U.S. PATENT AND TRADEMARK OFFICE

ATTN: Examiner Fritz ALPHONSE
Serial No. 09/841,037 filed April 25, 2001
Group Art Unit 2133
Attorney Docket No. 1466.1037

FAX NO.: (703) 872-9306

TELEPHONE:

FROM: H.J. Staas

RE: **AMENDMENT AND ONE MONTH EXTENSION OF TIME**

NO. OF PAGES (Including this Cover Sheet) 9


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I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450
on 11-22, 2004
By: STAAS & HALSEY Benedict P. Adams
Date: 11-22-04

S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1466.1037		
		Application Number	09/841,037		
		Filing Date	April 25, 2001		
		First Named Inventor	Tatsuhiko KAWASAKI et al.		
		Group Art Unit	2133		
AMOUNT ENCLOSED	\$110.00	Examiner Name	Fritz Alphonse		
FEE CALCULATION (fees effective 10/01/03)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	12	- 20 =	0	X \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 6 =	0	X \$ 88.00 =	0.00
Since an Official Action set an original due date of <u>October 21, 2004</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110)); (2 months (\$430)); (3 months (\$980)); (4 months (\$1,530)); (5 months (\$2,080):					110.00
If Notice of Appeal is enclosed, add (\$340.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 110.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28).					
TOTAL FEES DUE =					\$ 110.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (5) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	H.J. Staas		Reg. No.	22,010	
Signature			Date	November 22, 2004	

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By: Renée P. AdamsDate 11-22-04